Benton County Health Department 706 E. 5th St., Suite 12 Fowler, Indiana 47944

(765) 884-1728 Fax: (765) 884-2072

Birth records Begin with year 1882

A fee of \$7.00 is required for each certified certificate issued. If a certificate is to be mailed, please furnish a self-addressed, stamped envelope. This form must be completed and returned with the fee and a copy of Identification (l.e. photocopy of driver's license, work identification Card etc.) to this office before certificate(s) can be issued.

Card etc.) to this office b	efore certificate(s) ca	in be issued.	
For Office Use Only: Local File No.		File Date:	
Locator No. Correction No.			
		Certificate #	Quantity
APPLICATION FOR CERTIFIED CERTIFICATE OF BIRTH			
Full Name at Birth			
Could this name be recorded under any other name? () Yes () No If so, please give name			
ii so, picase give	name		
Has This Person Ever Be If yes, please giv	en Adopted? e name <u>after</u> adoptio	() Yes () No	
Place of Birth: (City)		(County)	
Date of Birth:		Age At Last Birthd	ay
		tive father) State of Birt	<u>h</u>
Full Name of Mother (Maiden Name) (If adopted, please give name of adoptive mother) State of Birth			
Purpose for Which Record is Being Used			
Your Relationship to Person Whose Birth Record is Requested			
Signature of Applicant			<u>-</u>
Address			
Telephone # () # of Certificates Requested Amount Due			
WARNING: False infor	mation, altering, m	Revised S utilating or counterfeiting	September 3, 2015 ng Indiana Birth

WARNING: False information, altering, mutilating or counterfeiting Indiana Birth Certificates is a criminal offense under I.C. 16-1-19-6
Please Make Check Payable to the Benton County Treasurer